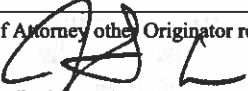


PLAINTIFF JAHMAL WILLIAMS		COURT CASE NUMBER 21-cv-640	
DEFENDANT John Doe, Warden		TYPE OF PROCESS Civil Summons Complaint	
NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN Warden at CFCF			
SERVE AT { ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) 7901 State Road, Phila. Pa. 19136			
SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW JAHMAL WILLIAMS 8201 State Rd. Phila. Pa. 19136		Number of process to be served with this Form 285 5 Number of parties to be served in this case 5 Check for service on U.S.A.	
SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service): Name of Warden unknown, address is place of employment CFCF			
Signature of Attorney or other Originator requesting service on behalf of: 		<input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER DATE 11/15/2021
SPACE BELOW FOR USE OF U.S. MARSHAL ONLY - DO NOT WRITE BELOW THIS LINE			
I acknowledge receipt for the total number of process indicated. (Sign only for USM 285 if more than one USM 285 is submitted)	Total Process 1	District of Origin No. 66	District to Serve No. 66
Signature of Authorized USMS Deputy or Clerk M. Helmsky		Date 12/9/2021	
I hereby certify and return that I <input type="checkbox"/> have personally served, <input type="checkbox"/> have legal evidence of service, <input type="checkbox"/> have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the on the individual, company, corporation, etc. shown at the address inserted below.			
<input checked="" type="checkbox"/> I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)			
Name and title of individual served (if not shown above) Joshua Feissner Esq. Law Dept. City of Phila		Date 12/10/21	Time 2:33 <input type="checkbox"/> am <input checked="" type="checkbox"/> pm
Address (complete only different than shown above)		Signature of U.S. Marshal or Deputy	
Service Fee	Total Mileage Charges (including endeavors)	Forwarding Fee	Total Charges
Advance Deposits	Amount owed to U.S. Marshal* or (Amount of Refund*)		

REMARKS

City of Phila. Law Dept. can't accept service for John Does

RECEIVED
UNITED STATES MARSHAL
2021 DEC -8 PM 1:46
EASTERN DISTRICT OF
PENNSYLVANIA

PLAINTIFF JAHMAL WILLIAMS		COURT CASE NUMBER 21 CV 640	
DEFENDANT Jane Doe, Superintendent		TYPE OF PROCESS Summons (USM-285) Civil Complaint (USM-285)	
NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN Jane Doe, Superintendent of CFCE			
SERVE AT ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) 7901 State Rd, Phila. Pa. 19136			
SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW JAHMAL WILLIAMS 8201 State Road Phila. Pa. 19136 PP# 939103		Number of process to be served with this Form 285 5 Number of parties to be served in this case 5 Check for service on U.S.A. <input type="checkbox"/>	
SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service): Name of Superintendent for Institution Unknown - address is workplace			
Signature of Attorney other Originator requesting service on behalf of: [Signature]		<input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER DATE 11/15/2021
SPACE BELOW FOR USE OF U.S. MARSHAL ONLY - DO NOT WRITE BELOW THIS LINE			
I acknowledge receipt for the total number of process indicated. (Sign only for USM 285 if more than one USM 285 is submitted)	Total Process 1	District of Origin No. 66	District to Serve No. 66
Signature of Authorized USMS Deputy or Clerk M. Shelsky		Date 12/9/2021	
I hereby certify and return that I <input type="checkbox"/> have personally served, <input type="checkbox"/> have legal evidence of service, <input type="checkbox"/> have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the on the individual, company, corporation, etc. shown at the address inserted below.			
<input checked="" type="checkbox"/> I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)			
Name and title of individual served (if not shown above) Joshua Feissner Esq Law Dept. City of Phila.		Date 12/10/21	Time 2:33 <input type="checkbox"/> am <input checked="" type="checkbox"/> pm
Address (complete only different than shown above)		Signature of U.S. Marshal or Deputy	
Service Fee	Total Mileage Charges (including endeavors)	Forwarding Fee	Total Charges
Advance Deposits	Amount owed to U.S. Marshal* or (Amount of Refund*)		
REMARKS City of Phila. can't accept service for John Does. Plaintiff listed "Jane Doe, Superintendent of CFCE" on USM 285 Summons has it listed as John Doe (Superintendent)			

RECEIVED
UNITED STATES MARSHAL
2021 DEC -8 PM 1:46
EASTERN DISTRICT OF
PENNSYLVANIA

PLAINTIFF JAMMAL S. WILLIAMS	COURT CASE NUMBER 21 CV 640
DEFENDANT OFFICER Slater	TYPE OF PROCESS Complaint 1983 S/C
NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN SERVE AT { Curran-Framhold Correctional Facility	
ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) 7901 State Road, Phila. Pa. 19136	
SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW JAMMAL WILLIAMS 8201 State Rd. Phila. Pa. 19136	Number of process to be served with this Form 285 25 Number of parties to be served in this case 95 Check for service on U.S.A.

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service):

Known address = Place of employment

Signature of Attorney other Originator requesting service on behalf of: <input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER	DATE
--	------------------	------

SPACE BELOW FOR USE OF U.S. MARSHAL ONLY - DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. (Sign only for USM 285 if more than one USM 285 is submitted)	Total Process 1	District of Origin No. 66	District to Serve No. 66	Signature of Authorized USMS Deputy or Clerk M. Helinski	Date 12/9/2021
I hereby certify and return that I <input type="checkbox"/> have personally served, <input checked="" type="checkbox"/> have legal evidence of service, <input type="checkbox"/> have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the on the individual, company, corporation, etc. shown at the address inserted below.					
<input type="checkbox"/> I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)					
Name and title of individual served (if not shown above) Mark Kird Law Dept. City of Phila.				Date 12/10/21	Time 11:13 <input checked="" type="checkbox"/> am <input type="checkbox"/> pm
Address (complete only different than shown above)				Signature of U.S. Marshal or Deputy [Signature]	
Service Fee 65.00	Total Mileage Charges (including endeavors)	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal* or (Amount of Refund*)

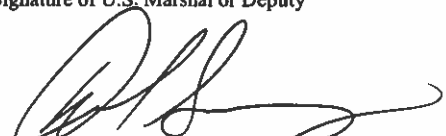
REMARKS

Process accepted via Electronic Service

United States Marshals Service
RECEIVED

NOV 10 2021

Eastern District of Pennsylvania

PLAINTIFF JAHMAL WILLIAMS		COURT CASE NUMBER 21 CV 640	
DEFENDANT Prison Commissioner - Carney		TYPE OF PROCESS Summons / Complaint	
NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN SERVE AT { City of Philadelphia			
ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) 1515 Arch St Phila PA 19102			
SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW JAHMAL WILLIAMS 8201 State Road Phila. Pa. 19136		Number of process to be served with this Form 285 25	
		Number of parties to be served in this case 5	
		Check for service on U.S.A.	
SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service): place of employment			
Signature of Attorney other Originator requesting service on behalf of: <input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT		TELEPHONE NUMBER	DATE
SPACE BELOW FOR USE OF U.S. MARSHAL ONLY - DO NOT WRITE BELOW THIS LINE			
I acknowledge receipt for the total number of process indicated. (Sign only for USM 285 if more than one USM 285 is submitted)	Total Process 1	District of Origin No. 66	District to Serve No. 66
Signature of Authorized USMS Deputy or Clerk M. Helinski		Date 12/9/2021	
I hereby certify and return that I <input type="checkbox"/> have personally served, <input checked="" type="checkbox"/> have legal evidence of service, <input type="checkbox"/> have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the on the individual, company, corporation, etc. shown at the address inserted below.			
<input type="checkbox"/> I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)			
Name and title of individual served (if not shown above) Marti Reid - Law Dept City of Phila.		Date 12-10-21	Time 11:13 <input checked="" type="checkbox"/> am <input type="checkbox"/> pm
Address (complete only different than shown above)		Signature of U.S. Marshal or Deputy 	
Service Fee \$65.00	Total Mileage Charges (including endeavors)	Forwarding Fee	Total Charges
Advance Deposits	Amount owed to U.S. Marshal* or (Amount of Refund*)		

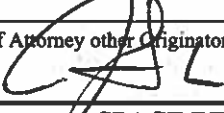

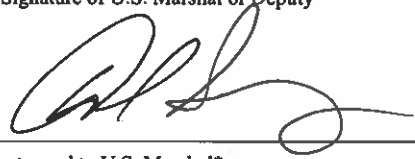
REMARKS

Process accepted via Electronic Service

United States Marshals Service
RECEIVED

NOV 10 2021

Eastern District of Pennsylvania

PLAINTIFF JANMAL WILLIAMS		COURT CASE NUMBER 21cv 640	
DEFENDANT CITY OF PHILADELPHIA		TYPE OF PROCESS Civil suit USM-285 - Summons	
NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN SERVE AT { CITY OF PHILADELPHIA			
ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) 1515 Arch St Phila PA 19102			
SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW JANMAL WILLIAMS PP# 8201 STATE Rd 939103 Phila Pa. 19136		Number of process to be served with this Form 285 5 Number of parties to be served in this case 5 Check for service on U.S.A.	
SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service): address unknown for service upon city of Philadelphia			
Signature of Attorney other Originator requesting service on behalf of: 		<input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER DATE 11/15/2021
SPACE BELOW FOR USE OF U.S. MARSHAL ONLY - DO NOT WRITE BELOW THIS LINE			
I acknowledge receipt for the total number of process indicated. (Sign only for USM 285 if more than one USM 285 is submitted)	Total Process 1	District of Origin No. 66	District to Serve No. 66
Signature of Authorized USMS Deputy or Clerk 		Date 12/9/2021	
I hereby certify and return that I <input type="checkbox"/> have personally served, <input checked="" type="checkbox"/> have legal evidence of service, <input type="checkbox"/> have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the on the individual, company, corporation, etc. shown at the address inserted below.			
<input type="checkbox"/> I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)			
Name and title of individual served (if not shown above) Marli Reid - Law Dept - City of Phila		Date 12/10/21	Time 11:13 <input checked="" type="checkbox"/> am <input type="checkbox"/> pm
Address (complete only different than shown above)		Signature of U.S. Marshal or Deputy 	
Service Fee \$65.00	Total Mileage Charges (including endeavors)	Forwarding Fee	Total Charges
Advance Deposits	Amount owed to U.S. Marshal* or (Amount of Refund*)		

REMARKS

Process accepted via Electronic Service

RECEIVED
UNITED STATES MARSHAL
2021 DEC -8 PM 1:46
EASTERN DISTRICT OF
PENNSYLVANIA